CONWAY MEDICAL CENTER

PROCEDURE

When in hard copy form, refer to Policy Manager to validate this as the most current revision.

TITLE:	LAB-SPC-04.11-Laboratory Specimen Rejection-PRO		
ISSUED BY:	Administrative Lab Director	REFERENCE #:	LAB-SPC-04.11-PRO
APPROVED BY:	Lab Director	EFFECTIVE DATE:	1996-12-10

SCOPE: All potential submitters/collectors of laboratory samples for submission to CMC laboratory.

PRINCIPLE: For the safety of the patient laboratory samples will adhere to set performance criteria that may vary from test to test. All performance criteria will be assessed at the bench and samples may be rejected if the standards are not met.
The KEY issue is that the quality of the sample MUST meet criteria to obtain accurate test results. Suboptimal samples could produce erroneous results that could in turn affect patient outcomes.

I. SPECIMEN REJECTION CRITERIA:

A. **SPECIMEN LABELING** – Patient identification
   1. Labeling site: NO sample should leave the patient room /location of the patient prior to labeling. This is a hospital wide Red Rule violation.
   2. Labeling should be on the actual sample:
      a. Labeling the exterior of a biohazard bag is not acceptable sample id.
      b. External documentation submitted with a sample is not acceptable id.
      c. Labeling on the lid only of screw top samples is not acceptable id.
   3. Special circumstances: Should an unlabeled sample that is irretrievable (example, CSF, body fluid) come to the lab it may be used if:
      a. The collector can specifically identify the sample. Note there should NOT be any other sample that can be mistaken for that one. (unique to time, etc)
      b. The id issue can be resolved using definitive circumstantial evidence and will hold up to scrutiny and questions.
      c. NO BBK sample can be used if not properly identified under any circumstance.

B. **REQUISITION ISSUES**:
   1. Match between order and label: Sample with no orders could indicate mislabel.
   2. Sample order time, collect time, receipt time: Too much disparity could be labeling or could be integrity issue.

RELABELING OF SAMPLES IS PROHIBITED. Only collect times or collector information can be changed, and that must be changed by the actual collector. BBK samples are the exception, if there is any type of discrepancy, the samples must be recollected. For a description of labeling in the bench area see LAB-SPCLO-Relabeling of Samples-PRO

C. **SAMPLE INTEGRITY ISSUES**: There are many reasons that can be identified as poor sample quality that would cause erroneous results. Each test has differing criteria. The following are prime examples. Any analyte may have specified rejection criteria that is identified in the analyte testing procedure. The technical staff hold the responsibility for evaluating all samples received against any potential rejection criteria.

1. HEMOLYSIS: Many laboratory tests may be affected by hemolysis.
   (a) **Emergency Department Collections:** The lab will process hemolyzed samples, but will provide the following information on the released results*:*
   Sample hemolyzed: This analyte is affected by hemolysis. Recollection suggested.
   The ordering physician will reorder the testing should they desire a recollection. Both test results should remain in the patient record.
   In the event that the sample is Grossly hemolyzed and every analyte is flagged by the instrument the ED will be phoned, the sample will not be processed; recollection should be performed.
   NOTE: ***Blood Bank samples must be rejected if there is hemolysis.***

   (b) **Inpatient Collections:** The laboratory technical staff will review the sample quality and will cancel and reorder when necessary. Lab staff will enter comment above in the cancellation comments field.

2. ICTERIC: *Sample is icteric, test results may be affected.*

3. LIPEMIA: *Sample lipemic.*

4. QNS: If the quantity of sample is not sufficient to produce an accurate test result, the sample will be rejected. ED will be notified of recollection. Test will be cancelled and reordered.

5. OVERFILL/UNDERFILL: Samples, particularly coagulation samples, and those with additives, should not be overfilled. The proper ratio of additive to sample is essential for accurate test results. ED will be notified of needed recollection.

6. CENTRIFUGE REQUIREMENTS: Many samples must be centrifuged in a timely manner to separate the blood components. The requirements for centrifugation (time and speed) is at times test specific and should be adhered to.

7. TIME FROM COLLECTION TO RECEIPT: The time that a sample sits, many times plays a critical role in the accuracy of the test result. Refer to each test for time limitations. As a general rule all samples should be brought to the laboratory as quickly as

possible. Outpatient lab samples should be brought to the main lab at least hourly. Referred samples should be centrifuged and kept at proper temperatures prior to transportation. Cultures should not be kept at room temp for more than 30-45 minutes. Urines should be brought to the laboratory within 2 hours of collection unless refrigerated, or kept cool using a cooler and cool packs or ice.

8. IV CONTAMINATION:
   (a) Emergency Room patients: Results will be released with the following comment: *Test results indicate possible contamination. Recollection suggested.*

   (b) Inpatients: the test will be cancelled and recollected as soon as possible. The tech will cancel the test; add cancellation comment above; broadcast the cancellation; reorder the test; and send phlebotomy staff to recollect.

2. PROPER TUBE COLLECTION: Only the acceptable tube (as defined by the test protocols) will be used to process a sample.

3. UNTIMELY COLLECTION: There are certain tests (such as therapeutic drug monitoring) that require the proper collection timing. Improper sample timing will result in rejection.

4. CLOTTING: Whole blood or plasma tubes that have produced a clot will be rejected.

5. INCORRECT PRESERVATIVE- OR NO PRESERVATIVE: Many 24 hour urine tests required the proper preservative or require that no preservative be used. Any deviance from the stated protocol for that test will result in specimen rejection.

6. TEMPERATURE: Any extreme temperatures could result in incorrect results and will initiate sample rejection. Examples include:
   a. Refrigerated GC
   b. Refrigerated blood culture
   c. Any test subjected to high temperatures (transportation issues)
   d. Reference lab sample submission criteria not met.

NOTE: Each tube manufacturer, as well as instrument manufacturer addresses rejection criteria in their literature. Laboratory staff will reject samples based on those protocols set.

RECORDS: NA

REFERENCE STANDARDS:
CAP GEN.40016; GEN.40032; GEN.40050; GEN.40100; CHM. 11900; COM.06300

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
05/05/2011lds	None	Review/Revision Saved Electronically in Lab G drive.
11/03/2011lds	Format	Changed to MCN format
03/18/2013lds	Format	Newest MCN. Roman numeral format. No content changes.
04/28/2014DMW	C-1 and 8	Hemolytic and potentially contaminated samples reporting protocol for ED. Reviewed by Dr. Wilson .Other rejection canned comments added.
3/14/2016 lp	Reference Standards	Updated reference standards . No other changes
3/30/2017 lds	I(C)	Added line: Tech responsibility. No other changes